

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS286AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2011
NAME OF PROVIDER OR SUPPLIER FREMONT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 100 S 14TH STREET LAS VEGAS, NV 89101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility 10/25/10 through 1/25/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 88 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 71.</p> <p>Complaint #NV00026777:</p> <ul style="list-style-type: none"> - The allegation regarding the facility not posting a "no smoking" sign was not substantiated by observation of the facility. - The allegation regarding resident safety was substantiated. See Tag Y0050. - Other deficiencies identified during investigation: See Tag 0174 and Tag 0690 	Y 000		
Y 050 SS=D	<p>449.194(1) Administrator's Responsibilities-Oversight</p> <p>NAC 449.194 The administrator of a residential facility shall:</p> <ol style="list-style-type: none"> 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services 	Y 050		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	Continued From page 1 and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. This Regulation is not met as evidenced by: Based on interview, record review and observation from 10/25/10 through 1/13/11, the administrator failed to provide oversight and direction to the staff to ensure residents receive the needed services and protective supervision they required (Resident #1 was smoking in his wheelchair with two full size oxygen canisters attached to the rear of the chair). Severity: 2 Scope: 1	Y 050			
Y 174 SS=F	449.209(4)(a) Health and Sanitation-Offensive odors NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors. This Regulation is not met as evidenced by: Based on observation and interview on 10/25/10, the facility failed to ensure the lobby area and front entrance to the facility was free from odor of cigarette smoke.	Y 174			

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Y 174	Continued From page 2 Severity 2: Scope: 3	Y 174			
Y 690 SS=F	449.2712(1)(a)(b)(1)(2) Oxygen - Resident capable of operating NAC 449.2712 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he: (a) Is mentally and physically capable of operating the equipment that provides the oxygen. (b) Is capable of; (1) determining his need for oxygen; and (2) Administering the oxygen to himself with assistance. This Regulation is not met as evidenced by: Based on observation and interview on 10/25/10, several residents were smoking in an area where smoking is prohibited (directly outside the front entrance of the facility). Severity: 2 Scope: 3	Y 690			

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